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I will not suggest menus for children, as they can be so easily obtained from hospitals, clinics or any diet centers, but I want to emphasize the fact that the majority of children's ailments are due to improper feeding and that there is great educational work to be done along those lines with the parents. Too often the poor little youngster is blamed for irritability or bad temper when in reality he is suffering from nervous indigestion caused by unsuitable foods. To prevent sickness and ensure perfect health among the children, we must emphasize the necessity of good, wholesome food given at regular intervals under cheerful conditions.

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## THE PRELIMINARY COURSE<sup>1</sup>

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As we advance, step by step, in the nursing field, we gather and take with us, new ideas, remodeled plans, worth while schemes and numerous experiments that have been tried out and which have proven of value to both the patient and the nurse. While we are carrying the load, let us tuck between the folds the new, and very much worth while idea, of making the preliminary course for our young students as attractive and interesting as possible.

All of us fully realize that without a good foundation a house will not stand; that a spoiled and disobedient child is blamed for the improper training that was given him while he was growing, and that the nurse, in turn, is blamed for the poor methods taught her when she was a beginner. The training given students during their probation period, the way they are taught to use their hands, and their brains, the proper method of applying what they have been taught, all these add to the foundation of success, and mould their habits and inclinations into real, solid material upon which their future good is established. Therefore, we are forced to begin with the very first day they enter our training school. It is the first impression of the hospital that is going to be the lasting impression, and we must make an effort to have everything pleasing to the eye as well as to the mind.

At the General Hospital of Rochester we have been, perhaps, very fortunate in obtaining for our class room the entire second floor of one of our newer buildings, which was formerly used as a ward. It is very nearly an exact duplicate of our regular ward unit. It consists of one large recitation room where we conduct our classes in

<sup>1</sup> Read at a meeting of the New York State League for Nursing Education, Brooklyn, October 21, 1919.

Theory of Nursing and Solutions and contains a large blackboard and student chairs to accommodate twenty-five students very comfortably. In this room we have also a desk and a small table for books. Next, we have our utility room, which has everything on its shelves that we find on the wards, the basins and brushes are located in the same places, the enema and douche tips are kept in a solution corresponding with that on the ward, and everything conveys to the student the idea that she is really working in the ward instead of making-believe in the class room.

Next in line, we have our medicine cabinet. This is very interesting to every student. Here she learns where drugs are kept, the proper location for the oils, the pills, and the wafers,—she finds the thermometers in exactly the same place, in the same kind of a solution, as that which she later finds in the ward. The linen room is next, and this is really a joy to every student. The neat rows of folded linen, each article in its own place, gives one the impression of cleanliness and finished work. The drawers in the linen closet contain the same articles, each one located in a place identical to that on the ward, so that if a nurse is sent from the class-room to Ward B, she has no difficulty in finding exactly what she wants, and need not ask a million questions in order to find out where it is.

Across the hall we have a large demonstration room which is the ward proper. In this room we have six regulation hospital beds, a crib, six bedside tables, a blackboard, a large bench for the students and ten chairs. At one end of the ward, we have a large table which holds our tray equipments, set up for use at any time. These are the pride and joy of our every day life and have proven a real life-saver as well as a time-saver on the wards. In this ward, the students are instructed in bed making, are taught how to give a bath, etc., and are allowed to practice each day any of the demonstrations they have had in class.

There appears to be but one way of making the students realize that they are working among sick people, that they must cultivate the touch for which a sick person longs,—they must understand that a heavy step is very disturbing to a tired head and that cold alcohol on a patient's back causes him to jump. The one solution of the problem is to have the students act as subjects for one another. Treat them like real sick folks, apply a mustard paste to a student's chest,—she will never forgive you for leaving it on until it burns. Give a mustard foot bath to Miss C. and she will tell you quickly enough that the water is too cold. It teaches them to be careful and thoughtful regarding their patient's comfort. Could a Chase doll answer your inquiries? I'm afraid not. The students do not object to this method and one

finds pleasure in resting in a comfortable bed while another nurse bathes her face with cool water. We have obtained wonderful results by this practice and when the probationer goes on the ward, she finds it almost an exact reproduction of the practice she has already had in the class room.

We have a dressing room, where the nurses acting as subjects, may leave their clothing, and a diet kitchen where the nurses are taught the proper placing of dishes on trays and the correct method of preparing a flaxseed poultice for the benefit of the patient.

The theory and practical work that the nurse is taught in the class room, would be of much less value to her if we were not positive that she is carrying out these methods and practising each day on the ward exactly what she has been taught in the class room. In order to keep up the good work among the nurses there must be constant supervision every hour in the day and every day in the week. The supervisor or her assistant should be on the ward with the students at all times. They then have some one to whom they can go for an explanation of this case and of that case without becoming a burden to the older nurses. We help them over the hard places, explain why we give certain treatments, and assist them whenever possible in order to dull the sharp edges that always make life on the ward so dreaded by the young nurse.

Our follow-up work starts the very first day they go on the wards. We inspect the beds that they have made,—if this spread is uneven we ask the pupil to rearrange it; if the linen room shelves still reveal some dust we ask Miss C. to dust it over again. It is only by practice that we become efficient, and efficiency is the keynote to success.

Every student is allowed to give an enema, a douche and to catheterize for the first time, only when the supervisor is with her. If after the second time, she has proven herself capable of carrying out this treatment alone, she is allowed to do so. Any nurse not absolutely sure of herself is given a third and perhaps a fourth trial to prove her capability.

The head nurses on the various wards keep us in touch with the new treatments and orders and in this way we can give every nurse a chance to catheterize, to irrigate a bladder, prepare for an operation and give other treatments that are not every-day occurrences. Only through such coöperation between the head nurses on the wards and the supervisors, can the best results be obtained.

The practice in giving medicines on the wards is also done under strict supervision. The pupil is allowed to administer the drugs over a certain period of time and if, at the end of that time, she has shown

her knowledge in handling the bottles and accuracy in measuring out the solutions, she is allowed to take the responsibility of giving them alone. Many times one pupil is far ahead of another because she is more careful and painstaking in measuring and giving the dose. Some may take only three days' experience while others require longer and more constant supervision.

Another plan, worked out especially for the benefit of the head nurses who often complain about the uncertainty of the probationer on the ward, has proven invaluable to her in arranging and planning her work for the day. This is the time card. These cards are arranged with the days of the week printed upon them and spaces following each day to be filled in by the pupil. In these spaces they mark the hours during each day that they will actually spend on the ward. In this way the head nurse knows how many nurses she will have to carry trays at noontime and how many she can depend upon for temperature taking in the afternoon. These cards are changed when necessary, and are taken by the pupil to the next ward when she is advanced to another duty. The head nurses say without them they would be lost, but with them life goes along like a song, so I guess they are worth while.

Perhaps it would be interesting to know how our curriculum is carried out during the preliminary course. The work during the probation period, including the practical work, Theory, Solutions, and Bandaging, is completed at the end of the third month. The pupil is accepted, is given her cap, and she takes up her duties on the ward as a regular part of the nursing force. The Anatomy and Physiology, Hygiene, History of Nursing, Dietetics, Theory and Laboratory, are carried into the fourth and fifth months. We found by experience that we were crowding altogether too much into the three months; the pupils were unable to grasp the work and hold it, they were simply overburdened by work. As it is now, the assignments are just as long, but the students have a chance to finish a few of the subjects before starting Ethics, History of Nursing and the others above mentioned. So far, the pupils are carrying their work with more ease and the class work has improved to a marked degree.

#### *First Month*

Anatomy and Physiology,	3 classes, 1½ hours each
Bacteriology,	1 class, 1½ hours
Bacteriology Laboratory,	1 class, 2 hours
Hygiene,	1 class, 1 hour
Bandaging,	4 classes, 1 hour each
Solutions,	2 classes, 1½ hours “

Theory,	2 classes, 1 hour each
Demonstrations,	3 classes, 1 hour “
Ethics,	1 class, 1 hour
Practice,	5 classes, 2 hours each
Classes and Laboratory,	18 hours
Demonstrations,	3 hours
Practice,	10 hours
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	31 hours each week
Ward Work,	15 hours “ “
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	46 hours

In the second month we have completed our Bandaging classes and during the last week our Solutions are finished, thus giving added time to the ward work. At the end of the third month, the students have completed their Theory of Nursing, Bacteriology, and their Demonstrations. The students are taken on excursions to the garbage disposal plant, to the city water works and to other points of interest to them as related to their work in the school. In the fourth and fifth months, they complete their Anatomy and Physiology, Hygiene, Pathology, History of Nursing, Dietetics, theory and laboratory, increasing their ward work to about 4 to 6 hours daily.

This year we are trying a new scheme with our Solutions classes. We allow the students to actually handle the drugs, make weaker solutions from stronger ones, weigh out the dry glucose and become familiar with the weights used in the metric system and the flasks, beakers and graduates needed in making the solutions. They have very interesting times and enjoy their work with solutions more than I can say. The students are really learning something they will not forget the minute they leave the class room. We are prone to start new methods each year and if this method of teaching proves a success, then we are one step nearer perfection than before and I feel that anything that will aid the student in mastering the subject, Solutions, is really worth our consideration.

Thus our work goes on, year in and year out, each class entering the strange and mysterious place called the hospital where she learns day by day what service really means. She finds the road long and hard, eased only by a faint ray of hope, cast by a more experienced traveler, and she trudges along until she finally reaches the big hill, the end of her trail, when she starts upward toward real success. Let each one of us remember that we were on the same road not so very far back, and with this thought make the day brighter for these probationers in blue.